United States District Court Southern District of New York	2016 APR 19 AM 8: 14
LATRESE CARR	16CV 288
(In the space above enter the full name(s) of the plaintiff(s).)	COMPLAINT
FddiE LesnJani	under the Civil Rights Act, 42 U.S.C. § 198 (Prisoner Complaint)
Dinnerle Holdings	Jury Trial: Yes □ No (check one)
THATACLE TEOLOGY	
	-
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)	
I. Parties in this complaint:	
A. List your name, identification number, and the name confinement. Do the same for any additional plaintiffs as necessary. Plaintiff Name A Reserve Correct	named. Attach additional sheets of paper R CORR FAC
B. List all defendants' names, positions, places of employment may be served. Make sure that the defendant(s) listed be above caption. Attach additional sheets of paper as necessary to the served of	elow are identical to those contained in the

Defendant No. 1	Name Eddie LesnJAni	Shield #
	Where Currently Employed Phnacle	Holding.
	111-0.1 11/11 shape	& island City
	NEW YORK 11101	The City
		*
Defendant No. 2	Name DINNACLE HOLDINGS	Shield #
	Where Currently Employed Pinnacle L	ollines
a	Address 46-34 11th Stacet 1	oreins,
	City New YORK 11101	one island
	Or The your Tigot	
Defendant No. 3	Name NA	C1 * 11 //
Defendant 140. 5		Shield #
	Where Currently Employed	
	Address	
	,	
	$\mathcal{U}_{\mathcal{A}}$	
Defendant No. 4	Name	Shield #
	Where Currently Employed	
9 th n	Address	
	11	
Defendant No. 5	Name	Shield #
	Where Currently Employed	
	Address	
- ·		
TI Statement of	Claim	x
II. Statement of	Claim:	
You may wish to inch rise to your claims.	ssible the <u>facts</u> of your case. Describe how each of the int is involved in this action, along with the dates and located further details such as the names of other persons involved not cite any cases or statutes. If you intend to allege a each claim in a separate paragraph. Attach additional she	ions of all relevant events. olved in the events giving
A. In what institu	tion did the events giving rise to your claim(s) occur?	30 Martense
B. Where in the i	nstitution did the events giving rise to your claim(s) occu	r?
100	Red	
C. What date and	approximate time did the events giving rise to your claim	n(s) occur?

8 26 9	- 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	D. Facts: My Thirteenth Amendment WAS
	Violate Dew Vorka State Constitution
	. VIOTATO TO CORRECT FOR CODIC RESTISANCE
What happened	Also Violated Lealines As A Dorter From 3-15-18 6
to you?	And Dimpele holdings Fit holdings
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Was	
anyone else	(10)
involved?	
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8 11	
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	- DANGE AWARDED
Who else	Department of his boil market
happened?	11 14 DAY 4-8-16
	THE BACK PIT
	III. Injuries:
	If you sustained injuries related to the events alleged above, describe them and state what medical
1 1	If you sustained injuries related to the events angular form of the sustained injuries related to the events angular form of the sustained injuries related to the events angular form of the sustained injuries related to the events angular form of the sustained injuries related to the events angular form of the sustained injuries related to the events angular form of the events and the events are the events and the events and the events and the events are the events and the events and the events and the events a
	treatment, if any, you required and received. Mental of Character Emotional Strain. Defanation of Character
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	IV. Exhaustion of Administrative Remedies:
	The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under sectional facility until such administrative remedies as are
3 8	brought with respect to prison conditions under section 1985 of this title, of this title, of the brought with respect to prison conditions under section 1985 of this title, of this titl
	The Prison Litigation Reform Act (PLRA), 42 c. 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to prison conditions under section 1983 of this title, or any other federal law, by a brought with respect to the prison of the prison conditions under section 1983 of this title, or any other federal law, by a brou
	available are exhausted." Administrative remedies are also and the available are exhausted.
	deinated arise while you were confined in a jail, prison, or other correctional transport
	A. Did your claim(s) arise wine you was
	Yes No

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	<u> </u>			4 4	10	2
*	-	or other correction	1 facility wi	ere vour claim	(s) arose have	a grievance
Does	he jail, prison o	or other correction	nal facility wi	lete your channe	(0)	
procec	lure?	/	19	1/A		v v
Vac	No.	Do Not Know		/ . / .	* 35	
103_		ocedure at the jail	prison or oth	er correctional f	acility where	your claim(s
Does	he grievance pro	ocedure at the Jah Il of your claim(s	, prison or our	1/1	.me	9
arose	cover some of a	ii or your craim(s	·	NA	e a	
Yes	No	Do Not Know		,		
_				2		987
If YE	S, which claim(s)?		V		
2 - 101 0 - 1014 -	ou file o grievano	ce in the jail, priso	on, or other co	rectional facility	where your	laim(s) arose
, Dia y	Off life a gricyan	JO 111 1110 Jam, 1	= 0	1/1		- 2
Yes	No		/	1/1		51
		grievance about	the events de	scribed in this	complaint at	any other jai
If NO	o, did you file and, or other corre	ctional facility?	. the evenin	/ - "		- 6
•			11/	1.	4	40
Yes	No			9	4 1	
90		24				11.4 man fila f
			to describ	ed in this comp	laint, where	110 you me i
. If yo	u did file a grie	vance, about the	events describ	ed in this comp	laint, where	na you me t
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If you griev	ou did file a grie vance?	vance, about the	· //	THE STATE OF THE S		na you me t
grie	ou did file a grie vance? Which claim	(s) in this compla	int did you gri	eve?		iid you me t
1.	ou did file a grie vance? Which claim	(s) in this compla	int did you gri	eve?		na you me t
grie	ou did file a grie vance? Which claim		int did you gri	eve?		iia you me t
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1.	w did file a grie vance? Which claim What was the	(s) in this complained the complaine	int did you gri	eve?	N/A	
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1	which claim What was the	(s) in this compla	int did you gri	eve?	N/A	
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1	which claim What was the	e result, if any?	int did you gri	eve?	N/A	
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1. 2. 3. the	which claim Which claim What was the What steps, highest level of the	e result, if any?	int did you gri	eve?hat decision? D	A /A escribe all eff	orts to appea
1. 2. 3. the —	which claim Which claim What was the What steps, highest level of the	e result, if any? if any, did you ta he grievance proce	int did you gri	eve?hat decision? D	A /A escribe all eff	orts to appea

	informed, when and how, and their response, if any:
	A/A
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
e:	A/A
Note:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
v.	Relief:
	that you want the Court to do for you (including the amount of monetary compensation, if any, that e seeking and the basis for such amount). Left Godie Lesnith, And Dinnacle Holdings Account for Violating My Little
Visa	(Thintenth Artendents) And my new
LA	box not a Contradity, hours and wages
Coll	Dubic work, Right to enguine and bassing
A C Ste	Commodity non an applica of Commerce and 411 never be so considered on aconstand
	\$ 125,000,000

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	VI.	Previous lawsuits:
On these	Α,	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
claims		Yes No
	В.	If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (In there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)
		1. Parties to the previous lawsuit:
		Plaintiff
		Defendants
		2. Court (if federal court, name the district; if state court, name the county)
		3. Docket or Index number
		4. Name of Judge assigned to your case
		5. Approximate date of filing lawsuit
		6. Is the case still pending? Yes No /
		If NO, give the approximate date of disposition
		7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
On other claims	C.	Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes No
	D.	If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)
		1. Parties to the previous lawsuit:
		Plaintiff
4	15	Defendants M/A
		2. Court (if federal court, name the district; if state court, name the county)
		3. Docket or Index number
	-	4. Name of Judge assigned to your case
		5. Approximate date of filing lawsuit
		6. Is the case still pending? Yes No
		If NO, give the approximate date of disposition
		11.10, 6170 the approximate date of disposition

Rev. 05/2007

	n your favor? Was the case	
I declare under penalty of	f perjury that the foregoin	g is true and correct.
Signed this <u>lo</u> day of <u>A</u>	DRI', 20/4	
	Signature of Plaintiff	L. C
7	Inmate Number	144 2840
	Institution Address	WATERTOWN CORR
		FAC, 23147 Segan
		Road, waterfourny
	8	13601-9340
* * * * * * * * * * * * * * * * * * *	n **	* 9
Note: All plaintiffs named their inmate number	l in the caption of the complets and addresses.	aint must date and sign the complaint and provide
I declare under penalty of p	eriury that on this /p da	y of, 20/6, I am delivering
		ro Se Office of the United States District Court for
the Southern District of New		
	Signature of Plaintiff:	8.0

AFFIDAVIT OF SERVICE BY MAIL

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WANDA E. MERC Notary Public, State of	f New York	FORM I (1)	57 18 18	® EC
ding in Jefferson Coun Commission Expires J		27,	4 5 5	3

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
LATRESE CARR	
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)	
	Civ () ()
- against -	
Eddie Instan	AFFIRMATION OF SERVICE
and	
0,	
frinkle teddings	
	4 * * * * * * * * * * * * * * * * * * *
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)	
	* **
I LATTESE CARR declare un	der penalty of perjury that I have
(name)	der penanty of perjury that I have
served a copy of the attached	
(document	
770. 3 5 5	you are serving)
	whose address is
upon	
upon (name of person served)	whose address is
upon (name of person served) (where you served document)	whose address is
upon (name of person served)	whose address is
(name of person served) (where you served document)	whose address is
upon (name of person served) (where you served document) by (how you served document: For example - personal delications and the served document is a served document.	whose address is
(name of person served) (where you served document)	whose address is
upon	very, mail, overnight express, etc.)
upon	very, mail, overnight express, etc.)
upon	very, mail, overnight express, etc.)
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COL TO-DATE BALANCE DUE CNTY/ORI CASE 30.47 .00 165.12 159.88 NEW YORK

04/11/16	
STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES	03-WATERTOWN CORRECTIONAL FACILITY INMATE STATEMENT FOR THE PERIOD 04/01/16 THRU 04/11/16

ICS902-06

	* NAME-CARR LATRESE	DEPT ID-14A2840 C	:ELL LOC-0J-0I-0	CELL LOC-0J-0I-02B NYSID-04924656J *	* * 799	
	**************************************	**************************************	******	***********	* * * *	
FACILITY	DATE TRANSACTION (COMMENTS)	TR-NUM RECEIPT(+)		DISBURS(-) COLLECTED AMT	STATEWIDE SPENDABLE	STATEWIDE ACCT BAL
	STARTING BALANCE AT WATERTOWN BALANCE FORWARD	ATERTOWN	ii.	194.99	37.95	232.94
WATERTOWN WATERTOWN	04/07/16 PAYROLL RCPT 04/07/16 PAYROLL RCPT	130910 1.50 168905 1.50		.30	39.15 40.35	234.44 235.94
	PERIOD ENDING TOTALS	3.00	00.	195.59	40.35	235.94
	ENDING BALANCE AT WATERTOWN	WATERTOWN				235.94
	20% OF AVERAGE 6 MO SPENDABLE BALANCE	BLE BALANCE 3.30		20% OF AVERAGE 6 MO DEPOSIT AMT		20.08
a	LAGGED PAYROLL, DATHIS AMOUNT WILL I	LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY	AGGED - 9.53 UPON RELEASE ONL	NLY	5	

30.47 .00 325.00 .60 * ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH. --- NOTES ---AUTO GATE MONEY 1681 13 DATE IMPOSED 08/21/14 07/17/14 GATE MONEY
SURCHARGE

---- ENCUMBRANCE BREAKDOWN -----

* *	STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES	TANGET OF THE CORRECTIONAL FACILITY	FOR THE PERIOD 03/01/16 THRU 03/31/16	***************************************
			****	*

NAME: CARR LATRESE

		IDE STATEWIDE		199.37				178.57								229.07		232.94		232.94	20.08
* * 192	* * *	STATEWIDE	SPENDABLE	30.42	1.88	3.08	4.78	8.08	44.64	.15	1.35	0.75	4.45	0.07	00.00 N	36.05	37.95	37.95			AMT
-02B NYSID:04924656J	***********	-) COLLECTED AMT		168.95		.30	30	. 47	12		. 50		06.	00.01			.47	194.99			OF AVERAGE 6 MO DEPOSIT AMT
CELL LOC:03-01-02B	*****	DISBURS(-)			28.54				0 / 77	K+ . + +					1.50			74.53			20% OF AVE
14A2840 CELL	*******	RECEIPT(+)			7	2.37	1.50	2.37	10.04	- L	2.37	1.50	2.37	40.00		1.50	2.37	108.10	2		3.30
DEPT ID:14A2840	******	TR-NUM	ERTOWN		130910	691201	130910	691201 A41832		130910	691201	130910	691201	A42057		130910	102169		WATERTOWN		LE BALANCE
* NAME:CARR LATRESE *	**************************************	DATE TRANSACTION (COMMENTS)	STARTING BALANCE AT WATERTOWN BALANCE FORWARD	03/02/16 COMM RUY			03/10/16 PAYRULL RCPT				US/1//16 PAYROLL RCPT			MAIL KELEIPI	03/31/16 ONG DUES (MICKOWAVE			MONTHLY ENDING TOTALS	ENDING BALANCE AT WA	1	20% OF AVERAGE 6 MO SPENDABLE BALANCE
		FACILITY		WATERTOWN	WATERTOWN	MATERIOWN	WATERTOWN	WATERTOWN	WALEKIOWN	MATERIOWN	MATERIOWN MATERIOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN					

LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

COL TO-DATE BALANCE DUE CNTY/ORI CAS 30.47 164.52 160.48 NEW YORK DATE IMPOSED 08/21/14 07/17/14 GATE MONEY
SURCHARGE

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

SERVICES	
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DEPARTMENT	CORRE
YORK	NACL
NEW	WATERTOW
θF	25
STATE	

	WATERIOWN CORRECTIONAL FACILITY INMATE STATEMENT FOR THE PERIOD 01/30/16 THRU 02/29/16 ************************************	WATERTOWN CORRECTIONAL FACILITY STATEMENT FOR THE PERIOD 01/30/16 THRU 02/29/16 ************************************	AL FACIL /30/16 T ******	ITY HRU 02/29/ *******	**************************************	* * * * *	
	* NAME:CARR LATRESE *	DEPT ID:14A2840 C	מברך רסכ	CELL LOC:0J-01-02B	NYSID:04924656J	* * *	
	**************************************	***************	******	******	**********	****	
FACILITY	DATE TRANSACTION TR- COMMENTS) STARTING BALANCE AT WATERTOWN BALANCE FORWARD	TR-NUM RECEIPT(+)		DISBURS(-) (COLLECTED AMT	STATEWIDE SPENDABLE 5 90	STATEWIDE ACCT BAL 149.67
ATTO HOLL HATT	2						
WATERTOWN	02/04/16 MAIL RECEIPT	A41308 40.00	0.0	5.61	10.01	30.29	184.06
WATERTOWN	02/04/16 PAYROLL RCPT		20	i.	.30	31.49	185.56
WATERTOWN	02/04/16 PAYROLL RCPT	691201 2.37	27		74.	33.39	187.93
WATERTOWN			20		.30	34.59	189.43
WATERTOWN	02/11/16 PAYROLL RCPT		5.7		.47	36.49	191.80
WATERTOWN		A41503 48.75	75		12.19	73.05	240.55
WATERTOWN				36.42	00.	36.63	204.13
WATERTOWN		130910 1.50	20		.30	37.83	205.63
WATERTOWN		691201 2.37	57		.47	39.73	208.00
WATERTOWN				11.23	00.	28.50	196.77
WATERTOWN	02/22/16 MISC DIS (BOX			.80	00.	27.70	195.97
WATERTOWN			20		.30	28.90	197.47
WATERTOWN	02/25/16 PAYROLL RCPT	691201 1.90	9.0		.38	30.42	199.37
	CONTRACT A THE CONT	1			L		
	MUNINEY ENDING TOTALS	103.76	٥	94.00	168.95	20.42	199.37
	ENDING BALANCE AT WA	WATERTOWN					199.37
	20% OF AVERAGE 6 MO SPENDABLE BALANCE	LE BALANCE 2.03	33 20%		OF AVERAGE 6 MO DEPOSIT AMT		18.37

--- NOTES --- TOTAL OWED COL MIDATE COL TO-DATE BALANCE DUE CNTY/ORI CAS AUTO GATE MONEY 30.47 .00 30.47 .00 1681 13 325.00 25.18 138.48 186.52 NEW YORK * ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH, DATE IMPOSED 08/21/14 07/17/14 GATE MONEY
SURCHARGE

LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

CNTY/ORI CAS

COL TO-DATE BALANCE DUE 30.47 .00 113.30 211.70

SERVICES	>-
OF CORRECTIONAL S	CORRECTIONAL FACILITY
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STATE OF NEW YORK	WATERTOWN

	STATEWIDE ACCT BAL 125.73 125.73	225.73 182.52 184.02 185.52 187.02 188.52 143.90 143.90 147.77	149.67 149.67 15.37
* * * * * * * * * * * * * * * * * * *	STATEWIDE SPENDABLE 9.61	84 41.40 42.46 45.80 46.20 46.20 46.20 7.38 5.38	5.90
WATERTOWN CORRECTIONAL FACILITY INMATE STATEMENT FOR THE PERIOD 01/01/16 THRU 01/29/16 ******************** DEPT ID:14A2840 CELL LOC:0J-01-02B NYSID:04924656J * **********************************	DISBURS(-) COLLECTED AMT	25.00 .30 .30 .30 .30 .30 .30 .30 .30	89.33 143.77 OF AVERAGE 6 MO DEPOSIT AMT
AL FACILITY /01/16 THRU 01/29/1 ************* CELL LOC:0J-01-02B	DISBÜRS(-)	43.21	89.33 20% OF AVE
WATERTOWN CORRECTIONAL FACILITY ************************************	RECEIPT(+)	1.50 1.50 1.50 1.50 1.50 1.50 2.37 2.37 1.50	113.27
WATERTOWN CORRECT TATEMENT FOR THE PERIOD ************** DEPT ID:14A2840 ************************************	TR-NUM AT WATERTOWN	A40982 130910 168906 130910 168906 130910 691201 130910 691201	DTALS SE AT WATERTOWN SPENDABLE BALANCE
MATERTOWN CORRECTIONAL FACILITY ***********************************	DATE TRANSACTION (COMMENTS) STARTING BALANCE AT WA-	01/04/16 MAIL RECEIPT 01/06/16 COMM BUY 01/07/16 PAYROLL RCPT 01/14/16 PAYROLL RCPT 01/14/16 PAYROLL RCPT 01/14/16 PAYROLL RCPT 01/21/16 COMM BUY 01/21/16 PAYROLL RCPT 01/21/16 PAYROLL RCPT 01/28/16 PAYROLL RCPT 01/28/16 PAYROLL RCPT 01/28/16 PAYROLL RCPT	MONTHLY ENDING TOTALS ENDING BALANCE AT WATERTOWN 20% OF AVERAGE 6 MO SPENDABLE BALA
	FACILITY	WATERTOWN	a)

LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

DATE IMPOSED 08/21/14 07/17/14 GATE MONEY

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES WATERTOWN CORRECTIONAL FACILITY INMATE STATEMENT FOR THE PERIOD 12/01/15 THRU 12/31/15 ***********************************
* * * * * *

NAME: CARR LATRESE

		STATEWIDE ACCT BAL 108.03	108.03	96.80 98.30 100.67	140.67 135.67 134.79	132.84	130.23 131.73 134.10 174.10	118.86 120.36 122.73 124.23	125.73	125.73	12.18
* * 799	* * *	STATEWIDE SPENDABLE	12.47	2.33	26.25 26.25 26.25	26.25	27.45 27.45 29.35 59.35	4.11 5.31 7.21 8.41	9.61		
2B NYSID:04924656J	**************************************	COLLECTED AMT	95.56	009.	16.08 5.00- .88-	1.07-	.30 .47 .10.00	. 30 . 30 . 30 . 30	116.12		OF AVERAGE 6 MO DEPOSIT AMT
CELL LOC:03-01-02B	*****	DISBURS(-)		14.33	5.00	1.07		55.24	80.01		20% OF AVER
ID:14A2840 CELL	******	RECEIPT(+)	1.20	1.50			1.50 2.37 40.00	1.50 2.37 1.50 1.50	97.71		1.32
DEPT ID:1	******	- TR-NUM WATERTOWN	130910	130910 403203			130910 403203 A 40803	130910 403203 130910 168906		WATERTOWN	SLE BALANCE
* NAME:CARR LATRESE *-	**************************************	DATE TRANSACTION (COMMENTS) STARTING BALANCE AT WAT BALANCE FORWARD					12/17/15 PAYROLL RCPT 12/17/15 PAYROLL RCPT 12/21/15 MAIL RECEIPT 12/23/15 COMM BHY		MONTHLY ENDING TOTALS	BALANCE AT	20% OF AVERAGE 6 MO SPENDABLE
		FACILITY	WATERTOWN WATERTOWN WATERTOWN	WATERTOWN WATERTOWN WATERTOWN	WATERTOWN WATERTOWN WATERTOWN	WATERTOWN WATERTOWN WATERTOWN	WATERTOWN WATERTOWN WATERTOWN	WATERTOWN WATERTOWN WATERTOWN WATERTOWN			

DATE IMPOSED 08/21/14 07/17/14 GATE MONEY
SURCHARGE

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES WATERTOWN CORRECTIONAL FACILITY INMATE STATEMENT FOR THE PERIOD 10/31/15 THRU 11/30/15 ************************************

NAME: CARR LATRESE

		DE STATEWIDE		114.27	116.64 119.01	96.55	101.29	104.69	204.69	149.44	148.56	147.49	145.54	104.16	105.66	108.03	108.03	9.66	
* 195	****	STATEWIDE SPENDABLE	2.55	20.05	22.55	1.34	2.59	4.38	51.52	51.52	51.52	51: 52	51.52	10.14	12.47	12.47		- AMT	
1B NYSID:04924656J	` ************************************	COLLECTED AMT	71.72	22.50	1.12	.00 1.12	1.12	06.	52.86 50.00-	5.25-	- 88.	1.07-	.88	00.	96.	95.56		AGE 6 MO DEPOSIT AMT	
CELL LOC:0J-01-41B	*********	DISBURS(-)	***		;	22.46			50.00	5.25	1.07	1.07	88	41.38		122.99		20% OF AVERAGE	3ED - 9.5
4A2840 CELL	********	RECEIPT(+)		40.00	2.37	2.37	2.37	1.90	00.00					1.50	2.37	156.75		1.23	5 AMOUNT LAGG UR ACCOUNT UP
DEPT ID:14A2840	******	TR-NUM	WAIEKIUWN	A40233 403203	756242	403203	130910	403203	200					130910	403203		\TERTOWN	LE BALANCE	'S LAGGED - 1 : ADDED TO YO
* NAME:CARR LATRESE	***************************************		DALANCE AL	MAIL REC PAYROLL	11/05/15 PAYROLL RCPT 11/09/15 COMM BUY		PAYROLL	11/19/15 PAYRULL RCPT 11/23/15 MAIL RECEIPT		PAY ENC-CUCK	PAY ENC-OTHER(03			PAYROLL	11/25/15 PAYROLL RCPT	MONTHLY ENDING TOTALS	ENDING BALANCE AT WATERTOWN	20% OF AVERAGE 6 MO SPENDABLE BALANCE	LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY
		FACILITY		WATERTOWN	WATERTOWN	WATERTOWN WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WATERTOWN	WALEKTOWN				

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ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

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STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES
WATERTOWN CORRECTIONAL FACILITY
INMATE STATEMENT FOR THE PERIOD 10/01/15 THRU 10/30/15

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	* NAME:CARR LATRESE	DEPT ID:14A2840		CELL LOC:0H-02-08B	B NYSID:04924656J	* * *	
	**************************************	*****	*****	*****	********	* * * * *	
FACILITY	DATE TRANSACTION	TR-NUM F	RECEIPT(+)	DISBURS(-)	COLLECTED AMT	STATEWIDE	STATEWIDE ACCT RAI
	AT	WATERTOWN			96.09	. 60	61.05
WATERTOWN	10/01/15 PAYROLL RCPT	403203	2.37		1.12	1.34	63.42
WATERTOWN		756242	2.37		1.12	2.59	65.79
WATERTOWN	10/08/15 PAYROLL RCPT	403203	2.37		1.12	3.84	68.16
WATERTOWN		756242	2.37	L	1.12	5.09	70.53
WATERTOWN			1	20.6	00.	10.5	65.45
WATERTOWN	10/15/15 PAYROLL RCP1	403203	75.5		1.12	2.51	70.19
NAC FOR FAR		403203	1.90		06.	3,51	72.09
EATERTORN	10/22/15 PAYROLL RCPT	756242	1.90		.90	4.51	73.99
WATERTOWN	10/23/15 ORG DUES (ILC			1.00	00.	3,51	72.99
WATERTOWN	COMM BUY			3.46	00.	+ 05	69.53
WATERTOWN		403203	2.37		1.12	1.30	
WATERTOWN		756242	2.37		1.12	2.55	74.27
	MONTHLY ENDING TOTALS		22.76	9.54	71.72	2.55	74.27
							!
	ENDING BALANCE AT WATERTOWN	TERTOWN					74.27
	20% OF AVERAGE 6 MO SPENDAB	SPENDABLE BALANCE	.93	20% OF AVERAGE	AGE 6 MO DEPOSIT	AMT	4.99

LAGGED PAYROLL, DAYS LAGGED - 15 AMOUNT LAGGED - 9.53 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

		ENCOI	MBRANCE BREAKDO	NM			
REASON	DATE IMP	NOTES -	TOTAL OWED COL MTI	WED COL MTDATE	00	BALANCE DUE	CNTY/ORI CAS
GATE MONEY	08/21/	AUTO GATE MO	30.47	2.88	18.12	12.35	
SURCHARGE	07/17/	1681 13	325.00	3.94		298.20	NEW YORK
DNA DATABANK FEE	07/17/	168113	50.00	3.94	26.80	23.20	
PADLOCK	08/29/	112363	5.25	00.		5.25	
OTHER	10/15/	03 BOX	.88	00.		. 88	
OTHER	10/15/	03 BOX	1.07	00.		1.07	
OTHER	10/17/	03 BOX	1.07	00.	00.	1.07	
OTHER	10/23/	03 BOX	.88	00.	00.	.88	
DISCIPLINARY TIER II	10/30/	03-10/29/14	5.00	00.	00.	5.00	
PURCHASE	11/03/	03/B0X	.88	00.	00.	. 88	
PURCHASE	12/04/	03 BOX	.88	00.	00.	.88	
PURCHASE	12/26/	03-B0X	1.07	00.	00.	1.07	
PURCHASE	12/30/	03-B0X	.88	00.	00.	. 88	
PURCHASE	01/28/	03/B0X	1.73	00.	00.	1.73	

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.